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POLICE FEDERATION OF ENGLAND AND WALES

**RESOLUTION INFORMATION SHEET
for Representation in Equality Issues**

The Police Federation of England and Wales has designed the Resolution Information Sheet (RIS) to improve the service its representatives give to its members on matters of equality and diversity and to assist in the seamless delivery of advice given both by its representatives and its external solicitors. It should be completed in all cases where you are asked to advise or assist a member and/or negotiate a resolution within an internal Grievance or Fairness at Work Procedure.

This RIS must be completed where representatives are advising members who are involved, or are likely to become involved, in Employment Tribunal (ET) proceedings and/or where legal advice or representation may be required.

PLEASE READ EXPLANATORY NOTES PRIOR TO COMPLETION

1. Member's Details

Claimant Respondent

Name Rank

Date of Birth Male/Female

Ethnic Classification (use 16 point classification code)

Contact address

Postcode

Home Telephone No.

Mobile No.

E-mail: Private

E-mail: Work

Force

Number

Date of Joining

Annual Salary £

White-British <input type="checkbox"/>	White-Irish <input type="checkbox"/>	White-Other <input type="checkbox"/>	<input type="checkbox"/>
Mixed-White & Black Carribean <input type="checkbox"/>	Mixed-White & Black African <input type="checkbox"/>	Mixed-White & Asian <input type="checkbox"/>	Mixed-Other <input type="checkbox"/>
Asian/Asian British-Indian <input type="checkbox"/>	Asian/Asian British-Pakistani <input type="checkbox"/>	Asian/Asian British-Bangladeshi <input type="checkbox"/>	Asian/British-Other <input type="checkbox"/>
Black/Black British-Caribbean <input type="checkbox"/>	Black/Black British-African <input type="checkbox"/>	Black/Black British-Other <input type="checkbox"/>	Chinese <input type="checkbox"/>
Other (please specify) <input type="text"/>			Prefer not to say <input type="checkbox"/>

2. Representative's Details

Name

Contact address

Contact Tel No.

Email

3. Summary of Issue(s) (include relevant times, dates, locations and persons present)

4. Details of Force Procedures (include any fairness at work/grievance/conduct investigations, interviews, dates, persons present and resulting action)

5. Details of Witnesses (indicating if statements are/will be available to you)

6. Details of Documentation or other evidence (include use of Statutory Questionnaires, requests for addition information and any application for disclosure)

7. What does the member want to achieve by pursuing this matter? (include details of any resolution strategy proposed or being pursued)

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It is important that this section of the Resolution Information Sheet is completed if you are representing members involved or likely to become involved in Employment Tribunal proceedings and who may require legal representation.

8. Tick box to indicate on what grounds the Claimant believes that the treatment amounts to unlawful discrimination. (Remember that the treatment may be unfair, but it is unlawful only if the member suffers a detriment on grounds prohibited by the anti-discrimination legislation).

Gender re-assignment <input type="checkbox"/>	Protected Disclosure / Whistle Blowing <input type="checkbox"/>	Victimisation <input type="checkbox"/>
Gender <input type="checkbox"/>	Pregnancy / Maternity <input type="checkbox"/>	Marital/Civil partnership status <input type="checkbox"/>
Racial/Ethnic/national origin <input type="checkbox"/>	Disability <input type="checkbox"/>	Sexual Orientation <input type="checkbox"/>
Part-time status <input type="checkbox"/>	Religion/belief <input type="checkbox"/>	Age <input type="checkbox"/>

9. Has a claim (ET1) been made to the Tribunal?

Yes No

(remember the time limit of 3 calendar months less 1 day from the date of the last alleged discriminatory act)

Claimant: If YES, what date was it registered?

If NO, what is the last date for it to be registered?

Respondent: If YES, what date was it registered?

was it registered within the time limit? Yes No

If NO, date of last discriminatory act?

Response Form (ET3) completed? Yes No

If NO, date for 28 day time limit?

10. What detriment has the member suffered because of the treatment?

(Claimant only: include any loss of career prospects, additional expenses, financial loss, or injury to feelings. This will be used to assess the cost, merits and benefits of the case when deciding to provide legal funding)

11. Additional Information

(e.g. include any other legal advice requested or proceedings being taken regarding these issues)

Remember: The representative should retain the original RIS for the addition of further information. Copies of the RIS and other documentation should be provided to the member and forwarded with the application for legal advice/representation.